



6400 Laurel Canyon Blvd Suite 115
North Hollywood, CA 91606
Phone: 818-509-9970
Fax: 818-509-9935

The Employer or Supervisor of: _____
(Graduate Name and Title)

Program Completed: (check one) _____ **Date:** ____ / ____ /20____

- Medical Assistant Dental Assistant Health Claims Examiner Pharmacy Technician

Employer Name: _____

Employer City/State: _____

In order to assess the viability of the training and quality of education that Galaxy Medical College offers, please evaluate the job performance and skills of the employee named above.

1. Is the graduate identified above knowledgeable and able to apply technical understanding and skill?

- Yes No

Comment: _____

2. Is the graduate able to use job site equipment with little instruction necessary?

- Yes No

Comment: _____

3. Is the graduate able to communicate with supervisor about job functions?

- Yes No

Comment: _____

4. Does the graduate produce quality work and the ability to meet quality standards?

- Yes No

Comment: _____

5. Does the graduate produce quality work and output a satisfactory amount?

Yes No

Comment: _____

6. Is the graduate cooperative and able to work with others?

Yes No

Comment: _____

7. Is the graduate dependable and able to complete tasks without supervision?

Yes No

Comment: _____

8. Is the graduate organized and able to take care of space, materials, and supplies?

Yes No

Comment: _____

9. Does the graduate take initiative and display a willingness to do tasks that need to be done?

Yes No

Comment: _____

10. Does the graduate have good attendance and maintain a professional appearance?

Yes No

Comment: _____

11. What skills should Galaxy Medical College improve to make our students more attractive as job candidates within your company?

12. Would you be willing to hire more of Galaxy Medical College's graduates in the future?

Yes No

Comment: _____

13. Would you be willing to have your company serve as a student externship site?

Yes No

If yes, please list the name and phone number of the person we may contact:

Name: _____ Phone: _____

Thank you for taking the time to complete this survey. Please return the completed form to:

Mail:
Galaxy Medical College
6400 Laurel Canyon Blvd Suite 115
North Hollywood, CA 91606

Fax:
818-509-9935

Email:
galaxy_student_services@yahoo.com

